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| Case Number: | CM13-0025648 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 04/02/2010 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert reviewer is licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old female with a date of injury of 4/02/2010. According to the progress report dated 7/11/2013, the patient is status post right shoulder surgery dated 8/2010. Her cervical MRI dated 2001 revealed 3 levels of central disc bulges from C3 through C6 of 3-4 mm. Her right shoulder range of motion is moderate to severely restricted with audible crepitus. Her cervical and thoracic spine was tender with muscle guarding +2 and vertebral motion restriction. The patient was diagnosed with internal derangement right shoulder, cervical disc syndrome & cervicobrachial syndrome, and thoracic pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional chiropractic care for the neck, right shoulder and back (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Manipulation

Decision rationale: The patient is status post right shoulder surgery and have central disc bulges from C3 through C6 of 3-4mm. Records indicate that the patient had 8 chiropractic treatments.

The provider stated that the patient is regaining functional improvement with reduction of over the counter medications, sleeping better, and able to perform more of her activities of daily living including caring for her children. The provider failed to document objective functional improvement in her progress report dated 6/12/2013 and 7/3/2013. The provider did not list which over the counter medication and quantity the patient was currently taking or how the patient is regaining functional improvement. Therefore, the provider's request for additional chiropractic care once a week for 6 weeks for the neck, right shoulder, and lower back is not medically necessary.